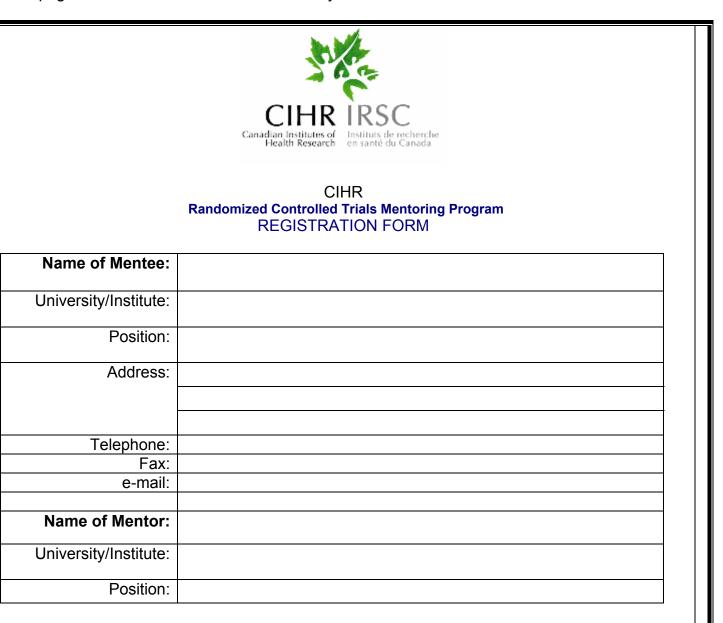
## **Registration Form**

Complete and send this sheet with the original copy of your registration to ensure that it is forwarded directly to the appropriate CIHR departments and staff. This sheet should not be included in the copies.

This page is for CIHR's administrative use only.



Canadian Institutes Instituts de recherche of Health Research en santé du Canada	PROTECTED WHEN COMPLETED			
	For CIHR Use Only			
Randomized Controlled Trial Men	toring Program			
Mentee	Proposed Start Date (MM/YYYY)			
Surname Given Nar	ne(s) Competition Date:			
	☐ Please specify:			
Mentee's University/ Institution	Faculty / School & Department			
Mentor				
Surname	Given Name(s)			
Mentor's University/ Institution	Faculty / School & Department			
Institution which will administer the funds				
Descriptors: Provide up to 10 keywords to describe this research project.  Language in which proposal is				
	written			
	English  French			
Project Title				
It is agreed that the general conditions governing Grants and Awards as well as the statements "The Meaning of Signatures on Application Forms" as outlined in the Canadian Institutes of Health Research Grants and Awards Guides apply to any grant or award made pursuant to this application and are hereby accepted by the candidates and the candidate's institution.				
Signatures				
Mentee	Mentor			
Name:	Name:			
Date:	Date:			



## **Randomized Controlled Trial Mentoring Program**

*	Canadian Institutes of Health Research	Instituts de recherche en santé du Canada	
ACKNOW	LEDGEMENT TO THE	MENTEE	
This will ack	nowledge receipt of your	registration	Program Applied to:
Acknowledg (Give name	ement to be sent to: and mailing address)		
			Canadian Institutes of Health Research
*	Canadian Institutes of Health Research	Instituts de recherche en santé du Canada	
ACKNOW	LEDGEMENT TO THE	MENTOR	
This will ack	nowledge receipt of your r	egistration.	Program Applied to:
Acknowledg (Give name	ement to be sent to: and mailing address)		
			Canadian Institutes of Health Research
Acknowledge	ment Page		

Name of the Mentee and the Mentor
Summary of the mentoring plan and training environment.
This section should be completed jointly by the Mentor and the Mentee. Both the proposed mentor and mentee must sign the last page to confirm the accuracy of the proposed mentoring plan (maximum 2 pages)
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## **Randomized Controlled Trials Mentoring Program Registration/Application Checklist**

Complete and forward this sheet with your registration/application.

**NOTE:** Both registration and the complete application packages must be assembled in the order listed. **ALSO NOTE:** Please consult the How to Apply section of this RFA.

Complete Applications - The original application and eight (8) copies should be assembled and submitted to the address indicated below.

Name of Mentee (Principal Applicant) _	Date

A: Contents required for Registration Package		B: Contents required for complete Application Package	
	Registration Form		Nomination Form
	Signatures Page: All signatures required.		Signatures Page: All signatures required.
			Acknowledgement Page.
	Acknowledgement Page.		Detailed mentoring plan and description of the training environment (maximum 12 pages)
	Summary of the mentoring plan		Summary of the mentoring plan
	Applicant consent form		
CIHR CV Module:			Sponsor's letters of support for the Mentee
☐ Page 1	Cover page: One for the Mentee and another one for the Mentor.		Sponsor's assessment forms for the Mentee
☐ Page 2 E	Expertise: For the Mentee and another one for the Mentor		Copies of health professional degree and graduate research training of the Mentee
			Proof of professional licensure of the Mentee
			Copy of permanent resident document of the Mentee (if
			applicable) Letters of Support from the Mentee's University/Institute (if different from the Mentor's)
			Letter of Commitment from the Mentee
			Letters of Support from the Mentor's University/Institute
			Letter of Commitment from the Mentor
		CIHR CV Modu	ıle
			All pages of the CV module are required for the Mentee and the Mentor.

## **Courier address:**

The registration/application must be courier stamped no later than the deadline date and sent to the following address:

Randomized Controlled Trials Mentoring Program

Randomized Controlled Trials Unit

Canadian Institutes of Health Research

Room 97, 160 Elgin Street Address Locator: 4809A Ottawa, ON K1A 0W9